

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5		0				
6		1				
7		1				
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Total Indep	8					
Total Depend	32					
Total Claims	40					

	Indep	Depend	Indep	Depend	Indep	Depend	
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99							
100							
Total Indep							
Total Depend							
Total Claims							